



**A compendium of learning
from inclusive ECDE
development in Kenya**

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- School leaders (school headteachers and deputies)
- Boards of management for schools
- Caregivers and children with disabilities
- Community leaders
- Early childhood development and education learners
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- Homa Bay County Disability Forum

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- National Council for Persons with Disabilities at national and county level
- Occupational therapists
- Organisations of people with disabilities (OPDs)
- Caregiver support groups

Acronyms

Acronym	Meaning
ADL	Activity of daily living
BoM	Board of management
CBC	Competency-Based Curriculum
CEC	County Education Committee
CIES	Comparative and International Education Society
CIDP	County Integrated Development Plan
DID	Disability Inclusive Development
EARC	Educational Assessment and Resource Centre
ECD	Early childhood development
ECDE	Early childhood development and education
EFA	Education for All
FGD	Focus group discussion
HBCDF	Homa Bay County Disability Forum
HBE	Home-based education
HI	Humanity & Inclusion
IDELA	International Development and Early Learning Assessment
IDS	Institute of Development Studies

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IECDE	Inclusive early childhood development and education
IEP	Individualised education plan/programme
KICD	Kenya Institute of Curriculum Development
LSA	Learner support assistant
MEL	Monitoring evaluation and learning
MoE	Ministry of Education
MoU	Memorandum of understanding
NCPWD	National Council for Persons with Disabilities
NEMIS	National Education Management Information System
NGO	Non-government organisation
OPD	Organisation of people with disabilities
PP1	Pre-primary class 1
PP2	Pre-primary class 2
PTA	Parent-Teacher Association
QASO	Quality assurance and standards officer
SBIT	School-based inclusion team
SDG	Sustainable Development Goals
TSC	Teachers Service Commission
UDPK	United Disabled Persons of Kenya
UK Aid	United Kingdom (government) Aid
UKFIET	United Kingdom Forum for International Education and Training
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNICEF	United Nations Children's Fund

Glossary

Accessibility: the practice of making information, activities, and/or environments sensible, meaningful, and usable for as many people as possible.

Adaptive management: a process that emphasises using lessons learned from previous activities and applying them to improve practice.

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Advocacy: any action that speaks in favour of, recommends, argues for a cause, supports or defends, or pleads on behalf of others.

Assistive device: an external device that is designed or adapted to assist a person to perform a particular task. In this context, learners with disabilities may depend on assistive devices to enable them to carry out daily activities and participate actively and productively in school and community life.

Caregiver: used to describe an adult who has oversight of a child. This could be a parent, a guardian, or a caregiver who may or may not be a family member.

Child safeguarding: refers to proactive measures taken to limit direct and indirect collateral risks of harm to children.

Community: a social group of any size whose members reside in a specific locality, share government, and often have a common cultural and historical heritage.

Competence-Based Curriculum (CBC): this is the new education system in Kenya that is currently set to replace the 8-4-4 education system. The curriculum helps to identify learners' special capabilities then nurtures them through relevant teachings so that they can build on their talents.

Control schools: schools that have been selected to take part in the study for purposes of comparison. They do not receive interventions, to help gauge if there is a difference in developmental and education outcomes between children in these schools and those in the intervention schools.

Development risk: risks that are associated with some probability of an atypical developmental course or trajectory with outcomes later in a child's development.

Home based education: a strategy that employs both community-based support and provision of developmentally appropriate education from neighbourhood schools to learners with disabilities in preparation to attend or to transition to school-based learning. The strategy also applies to those with severe multiple disabilities who would otherwise not attend school and thus receive education within their homes.

Inclusive education: All learners or students attend and are welcomed by their neighbourhood schools in age-appropriate, regular classes. They are supported to learn, contribute, and participate in all aspects of school life.

Inclusive strategies: any number of teaching approaches that address the needs of learners with a variety of backgrounds, learning modalities, and abilities. The strategies contribute to an overall inclusive learning environment in which all students are perceived to be valued and able to succeed.

Individualised education plan (IEP): the plan is developed by a multidisciplinary team which, ideally, involves caregivers, learner support assistants (LSA), an

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occupational therapist, a counsellor, Educational Assessment and Resource Centre (EARC) special needs teachers and mainstream teachers. It sets individualised learning targets for a child who has functional difficulties. The plan is reviewed and updated regularly to measure the progress of the child in academic and non-academic areas. The IEP is intended to help children reach educational goals more easily than they otherwise would and for teachers to be able to break down learning into smaller steps.

International Development and Early Learning Assessment (IDELA) tool: a free, easy-to-use, rigorous global tool that measures children's early learning and development. It provides clear evidence on the developmental progress of children from 3.5 to 6 years.

Learner support assistant (LSA): a person who is appointed to work alongside a teacher, to support children to learn, prepare, and understand their schoolwork. They can also work in homes. They are an important link between the school and the home.

Mainstream school: a school in the general or regular education system that receives and accommodates learners with special education needs alongside others. All children have a right to be educated in a mainstream school.

Peer-to-peer support: the support given by a learner to another learner. For example, a learner without a disability supporting their peers with disabilities to enable them to perform expected tasks.

Play: a spontaneous, voluntary, pleasurable, and flexible activity involving a combination of body, object, symbol use and relationships. It can be planned or spontaneous and is vital to a child's early learning and development.

School-based inclusion team (SBIT): the SBIT is a committee that is established at school level and supports the school management team, teachers, learners, and community members in making education accessible to all learners. The team is made up of representatives from a school and local community and constitutes members who are interested in education for all in their school and the community at large.

Special educational needs: children with learning challenges or disabilities that make it harder for them to learn than most children of the same age.

School leaders: in this document, we have defined school leaders as the headteachers, deputy headteachers and other school leaders such as senior teachers.

Special schools: schools that cater specifically for children with particular special educational needs or disabilities.

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Special units: classrooms or units which are designated for children with special educational needs or disabilities. They are usually situated within or attached to a mainstream school.

Background

Purpose of the resource pack for Inclusive Early Childhood Development Education practices

This resource pack has been compiled to share the learning from the Inclusive Early Childhood Development and Education Project, part of the Inclusive Futures Disability Inclusive Development (DID) programme.

The aim of the project was to identify affordable, contextually appropriate, inclusive early childhood development education (ECDE) approaches for children with disabilities in pre-primary education in Kenya. The aim was then to see if these practices resulted in improved participation and improved ECDE outcomes for children with disabilities in project areas.

This package has been put together to summarise our learning and provide some guidance about what was successful in the project and what pitfalls we faced. The aim is that other organisations embarking on similar projects will have access to some useful information about an approach to inclusive ECDE in one context that might be adapted for use in other contexts.

How the resource pack is structured

Each different aspect of the project is addressed under separate headings. For example, Working with schools or The role of organisations of people with disabilities (OPDs). Each section follows a simple format providing:

- An overview of that aspect of the project
- Key activities
- Key achievements
- Lessons learnt
- Challenges, gaps and finding solutions
- Recommendations

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References and links to project documents can be found at the end of the pack. The links will enable the reader to access items such as research reports, training materials and other resources from the project that can be used and adapted in other projects.

The project: early education initiatives for children with disabilities

This project was part of the Inclusive Futures programme, a Sightsavers-led initiative, working with a consortium of organisations, funded by UK Aid. Inclusive Futures aims to improve the wellbeing and inclusion of people with disabilities in low- and middle-income countries. It focuses on creating development programmes in line with the United Nations Charter on the Rights of Persons with Disabilities (UNCRPD) principles and promotes disability inclusion in all development initiatives.

The programme provided an opportunity to test innovative approaches, generating a solid evidence base on ‘what works’ and examining long-lasting solutions to the challenges that were met. In the inclusive ECDE project in Kenya, there was an opportunity to test various interventions and approaches to promoting the inclusion of children with disabilities in quality education. There was also an opportunity to ensure that children with multiple disabilities were provided with home-based education and increased opportunities to attend their local school.

Throughout the project, rigorous evidence was generated about what worked and what was less successful in the project. We were encouraged to review and question whether our approach was working, and which aspects were particularly successful or challenging. The project used the principles of adaptive management, giving the project team the flexibility to make changes and adapt approaches to achieve the intended results.

Geographical location

The project was focused on 18 schools – nine intervention schools and nine control schools. Six schools were in Homa Bay (three rural, three peri-urban) in western Kenya and three in and around Kakuma Refugee Camp in northern Kenya. These are two very contrasting contexts. The intention of the project was to develop collaborative approaches within the consortium, to implement the same activities and to identify and address challenges in the different locations. This has provided the project with some valuable learning that is addressed through the pack.

Project outcomes and outputs.

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In identifying effective strategies to promote the inclusion of children with disabilities in pre-primary education in Kenya, the aim was to work closely with teachers and other service providers to learn with them and build on existing expertise and experience. The participation of appropriate government and ministry education providers has been key to the project. It has helped us to ensure that any developments were in line with the existing systems and created a forum for discussion where current practices were challenged.

Outcome 1

Affordable, contextually appropriate inclusive ECDE practices result in improved participation and improved ECDE outcomes for children with disabilities in project areas.

Outputs

- A package of inclusive ECDE interventions is developed in consultation with project stakeholders.
- District education officials, school management and teachers are capacitated to provide inclusive ECDE.
- Schools and classrooms are accessible and provide a supportive learning environment for inclusive ECDE.
- Caregivers of children with disabilities are capacitated to support the developmental and educational progress of their children.
- OPDs promote understanding of inclusive education with children, caregivers, communities and relevant government and non-government organisations.

Outcome 2

Government partners demonstrate commitment to scale up inclusive ECDE through effective advocacy and evidence generated on the project.

Outputs:

- Advocacy plan developed.
- Project steering committee members advocate for scale up of inclusive ECDE.
- Evidence produced on affordable, contextually appropriate inclusive ECDE practice.

Project scope – classroom and home-based education

Classroom-based education

- Supporting the inclusion of children with disabilities in nine pre-primary schools.
- Working with teachers to identify effective inclusive ECDE practice for girls and boys with disabilities.
- Developing and collecting accessible IEC materials and practices.
- Examining the role of support staff in classrooms.

Home-based education

- Strengthening home-based educational support for children with disabilities.
- Providing assistive devices to children with complex disabilities.

Training

- Developing and delivering continuous professional development packages for education service providers, senior managers and classroom teachers.

Community

- Sensitising local stakeholders, including parent-teacher associations (PTAs) and school management committees (SMCs), and other key community stakeholders about inclusive ECDE for children with disabilities.

Research

- Measuring the prevalence of functional difficulty and the impact of inclusive ECDE practices on early development, educational progress and understanding the perceptions and experiences of caregivers, teachers, and children with disabilities.

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Other

- Working with Kenya Institute of Curriculum Development (KICD) and Kenya Institute of Special Education (KISE) to identify necessary changes to the ECDE training curriculum.
- Disseminating project learning to relevant stakeholders.

The context



A class at a pre-primary school. Photo credit: © Ninth Wonder Productions/Sightsavers

Introduction

The inclusion of children with disabilities in education right from early years is an important agenda if they are to progress through the education system with their peers. Empirical studies attest to the importance of investing in a child's early years for optimal realisation of their potential in learning and development (1).

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Children with disabilities are often excluded from education at all levels (Early Childhood Development Action Networks), despite their rights to inclusive, equitable education being enshrined in national legislation and international treaties.

According to Wickenden et al 2023 (2), children with disabilities are more vulnerable to developmental risks, yet many children with disabilities are not provided the same quality education, nurturing care, health care, and social protection as their peers. Young children with disabilities are often overlooked in programmes and services designed to ensure child development. As a result, most children with disabilities do not receive the specific supports required to meet their rights and needs (2).

International and Kenya legal framework

A number of international legislation and treaties support education and learning for children with disabilities in an environment that is conducive and inclusive rather than segregated and separate from other children. The project interventions and trainings promoted an inclusive ECDE learning environment in line with UNCRPD, especially Article 24, that:

- Meets the interests and needs of all learners.
- Promotes the rights and meet the needs of every learner.
- Ensures all learners have a sense of belonging and feel psychologically safe.
- Offers an open and welcoming environment.
- Promotes varied modes of communication.
- Encourages participation and engagement of all learners.
- Promotes and sustain learner motivation.

The Government of Kenya has signed and ratified most, if not all, of the international legal initiatives that promote education for all. A number of national legal frameworks also speak to inclusive education for all children, including children with disabilities and special needs. A list of international and Kenyan legislation can be found in Appendix 1.

Where ECDE sits in the Kenyan system

With the introduction of the Constitution of Kenya 2010, the responsibility to deliver quality ECDE services was devolved to county governments. The KICD indicates that there are about 37,312 ECDE centres positioned strategically across the country. The exponential growth in ECDE is due to its proven benefits in promoting

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physical, emotional, social, intellectual, spiritual, moral and cultural development of a child between 0-8 years (4).

Many children with disabilities do not receive the support required to meet their education rights and needs because they are not provided with the quality education, nurturing care, health care, and social protection required. Stigma, discrimination, negative cultural beliefs and perceptions, and other factors have been given as reasons why many caregivers fail to take their children with disabilities to school.

Children with disabilities whose caregivers do bring them to school have to surmount inaccessible social and physical school environments, curriculum instructions that are unfriendly, inadequate teaching and learning materials, and teachers who have not been trained to support them, among other barriers (5).

The Early Childhood Education Act, 2021, provides for removal of these barriers and paves the way for inclusive ECDE with the following aims:

1. Screening tools for early identification of children with special needs and disabilities are developed and distributed for use.
2. Children with special educational needs and disabilities are identified early, assessed and intervention strategies put in place.
3. Personnel working with children with special educational needs and disabilities are trained on use of screening tools.
4. Programmes for training and professional development for all pre-primary education providers and personnel in supporting learners with special education needs are developed.
5. Children with special educational needs and disabilities have equal access to recreational sporting facilities within and outside pre-primary school programmes to nurture talents and provide adaptations to suit their impairment-related difficulties.
6. Teachers and other staff working with children with disabilities plan and implement individualised education programmes for the purpose of monitoring the progress of an individual child with special educational needs and disabilities and planning their learning in small steps.
7. There is liaising with other professionals and stakeholders to provide psychosocial support to learners with special educational needs and disabilities.
8. Teacher aids provided to pre-primary schools to support teachers of children with special educational needs and disabilities.
9. Children with disabilities are provided with any other necessary support (6).

Working with schools

Key to the project intervention was collaboration and co-operation with school leaders and administrators. The capacity building of the Early Years Education teachers was crucial, and it was essential that school administrators/leaders disseminated project communication to teachers, coordinated meetings within the schools, and hosted and authorised the participation of teachers in various project activities. Control schools were not involved in project implementation, but after the final round of data collection, they were provided with training in inclusive education and with a set of resources.

The project also engaged the school boards of management (BOM¹), the key decision makers for the schools. They were included in school-based inclusion teams² (SBITs) which were set up to bring together different members of the school community who had an interest in or responsibility for inclusion.

Key activities

- Consultative meetings with the school leaders and BOM during project inception and intervention.
- Capacity-building workshops for the school leaders to improve their understanding of inclusive education and the role they play in its promotion.
- Participation of the school leaders in the various teacher meetings to take note of the progress of the intervention.
- Establishing and training SBITs, people from the school community who have an interest in or responsibility for inclusion.
- Establishing caregiver support groups to strengthen the partnership between caregivers and the school.
- Providing training and resources for control schools after the final round of data collection.

¹ BOMs consist of a caregiver representative from each class, the headteacher, a local government education officer and a sponsor from the church or government.

² The SBIT is a committee that is established at school level and supports the school management team, teachers, learners, and community members in making education accessible to all learners. The team is made up of representatives from the school and local community and constitutes members who are interested in education for all in their school and the community at large.

Achievements

- School leaders supported the project and eased implementation.
- Capacity-building workshops for school leaders and BOM created an interest around inclusive education and encouraged support for project activities.
- School leaders were aware of project developments and arising issues through participation in meetings with teachers and project staff.
- Training and establishment of SBITs in the intervention schools has provided a mechanism for auditing school practice in inclusive education, identifying gaps and writing action plans to address these gaps.
- School headteachers have become members of the SBITs, often getting elected as chairs of the team. Their status puts them in a strategic position as they can convene and guide on the implementation of the action plans.
- Creation of peer-to-peer support groups for caregivers of learners with disabilities has helped peer learning about inclusion and the establishment of support systems.
- The involvement of the control schools (serving as comparators) has been acknowledged through the provision of resources and training in inclusive education.

Lessons learnt

- As planned, building the capacity of the school leaders on matters of disability and inclusion has increased their participation and capacity to support inclusive education in their school.
- Having the school headteachers in the leadership of the SBIT increased chances of implementation of agreed action points, as they sit on all the key committees within the school and have a great deal of influence.
- The broad membership of the SBITs increased their effectiveness. Teachers, the school administration, and caregiver representatives were supported by ward supervisors from the county government and the Ministry of Education (MoE) to represent the national government. Each of these stakeholders had their role to play in the management and administration of inclusion in each school.

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Table 1. School challenges, gaps and solutions.

Challenges and gaps	Finding solutions
Inadequate resources to facilitate regular meetings and follow-up activities, especially for the county leadership and the BOM.	County government team planned their meetings to align with their regular monitoring visit to schools. This allowed them to participate in their regular monitoring activities while engaging in our project activity.
Lack of resources to intervene in schools outside the project area which would benefit from support.	Advocacy messages need to continue to focus on the allocation of budgets to allow for expansion of inclusive early childhood interventions beyond the project areas.
Control schools continue to have a challenge in managing learners who have disabilities.	Training has been provided for the control schools so that they can develop their capacity in supporting children with disabilities.
Lack of capitation funding for learners with disabilities in ECDE.	Continue working with OPDs and SBITs to create awareness on disability and inclusive education and the necessity for adequate funding.
Lack of data system to keep track and monitor learners with disabilities in ECDE.	Integrated data management systems into the learners' assessment books so that progress data could be systematically recorded.

Recommendations

- Schools should consider establishing SBITs in line with the sector policy for learners and trainees with disabilities, 2018, as this proved to be an effective strategy within the project.
- Schools should consider including a member of the BOM in the SBIT. This will strengthen the voice for inclusion within the school.
- Advocacy should continue with county governments to:

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- Appoint a learner support assistant to each school to help in home visits and follow-ups of learners with disabilities.
- Create awareness of inclusive education to all schools within the county.
- Develop a policy on capitation funding for all learners in ECDE.
- Develop a data management system that links to the National Education Management Information System (NEMIS).



A teacher helping a group of students in a school in Kakuma. Photo credit: © Ninth Wonder Productions/Sightsavers

Inclusive Early Childhood Development Education practices

Case study 1

A six-year-old boy was enrolled at the beginning of September. He had never been to school before, and his mother used to lock him in their house for his own protection until some neighbours, who had heard of the inclusive ECDE project during our caregivers' sensitisation meeting, talked with a teacher.

The teacher shared the information with the school headteacher. The headteacher encouraged the teacher to visit the caregiver who was reported to have been keeping the child at home. After discussions with the mother, the boy, who has autism, was brought to the school.

The mother was excited that someone was willing to take her child and be with him in school. However, the boy did not settle well in class. He was biting other children, seemed to have some hearing impairment and had not learnt to speak many words.

The headteacher called project staff for consultation. The programme manager consulted with other consortium partners and also sought some notes on managing children with autism. The project advised the teacher to first invite the caregiver and discuss with her on how she gets the boy to calm down whenever he's agitated.

From their discussion, the teacher says she learnt effective strategies on managing the boy's behaviour. After a few weeks, the boy was much calmer in class and even started participating in the class by repeating the tasks demonstrated by the teacher.

Child safeguarding

An important aspect of the project was to ensure that appropriate safeguarding strategies were in place. Children with disabilities are particularly vulnerable to all forms of abuse. They may be less able to communicate with their peers or other adults and may not understand the boundaries around appropriate behaviour. It is often very difficult for young children to verbalise their concerns.

Safeguarding is about promoting and protecting health, wellbeing, and human rights and enabling people to live free from harm, exploitation, and abuse. Child safeguarding involves creating an environment in which children are safe. The project worked with schools and relevant ministries to develop training for all participants and to guide schools to strengthen their procedures for recognising and reporting child protection issues.

Key activities

A training pack was developed by consortium partners in consultation with relevant ministry officials.

Training was delivered in the first year of the project and continuous refresher training was undertaken throughout the project. This training was delivered to teachers, caregivers, education officers as well as any persons who directly came into contact with the children as a result of the project, such as data enumerators. Participatory approaches were also used to teach the young children about abuse and reporting of abuse.

Areas covered were:

- Background and meaning of child safeguarding.
- Child rights.
- Types of abuse and factors that make children with disabilities vulnerable to abuse.
- Recognising abuse and identifying ways to address it.
- Understand the background and importance of safety standards and guidelines.
- Identify safeguarding issues in school and improving strategies to address these.
- Reporting and response procedures.
- Use of participatory safeguarding training tools with learners.

Achievements

- 51 caregivers, 51 teachers and 28 education officers were trained on safeguarding.
- Focus group discussions (FGDs) showed that caregivers felt more able to cater for the social/emotional welfare of their children, including their safety.
- Schools established reporting processes relating to safeguarding.
- There was a renewed awareness of existing school safety protocols that the MoE has put in place.

Lessons learnt

- Because ECDE learners are unlikely to report concerns or distress verbally, it is important to ensure that teachers are alert for indications of abuse (which may be behavioural).
- Since caregivers fear that their children with disabilities are more likely to experience abuse than their peers, more support must be given to both caregivers and children. them.
- Schools have limited understanding of safeguarding and need training to increase their awareness.
- Safeguarding protects those who work with children as well as children.

Table 2. Child safeguarding challenges, gaps and solutions.

Challenges and gaps	Finding solutions
Teachers reported difficulty in passing the information to young children on abuse and rights.	Use of participatory child approaches in passing information on abuse, rights and reporting. It is important to pass on simple messages to young children so that they can understand who to talk to if they have worries. These can be raised through school assemblies and revisited in the classroom.
The response mechanisms to report cases of abuse can be weak.	School leaders need to be clear about safeguarding procedures and ensure that staff and children are regularly updated about their roles and responsibilities. Displaying relevant information about safeguarding throughout the school can make stakeholders more aware of their roles.
Culture and religious perspectives need to be understood and considered. For example, dealing with cultures where corporal punishment on minors has been	Alternative approaches should be discussed whilst raising the awareness of different stakeholders about their responsibilities.

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Challenges and gaps	Finding solutions
accepted as a responsibility and not a form of abuse.	
Teachers were not aware of existing procedures and documents.	Existing documentation needs to be identified, sourced and provided to teachers and other service providers.

Recommendations

- Ensure that all staff are aware of ministry and Teachers Service Commission (TSC) guidelines on safeguarding and health and safety.
- Develop and implement school safeguarding policies, with a clear process for reporting and dealing with any concerns.
- Appoint and support designated safeguarding leads in the schools as per the ministry health and safety guidelines.
- Ensure that thorough checks are undertaken for any person who comes into direct contact with children as per the ministry health and safety guidelines.
- Consider the best approaches that can be used to ensure that young children are aware of their rights and understand how they can report their concerns.

The role of teachers

A key aspect of this project was working with teachers to build their capacity and to share experiences and learning. Focus areas were teacher training and mentoring to develop inclusive practices. Training was provided to pre-primary classes and Grade 1 teachers in all project schools as well as to a range of county government officials and other service providers.

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A teacher helping his students make models out of clay. Photo credit: © Ninth Wonder Productions/Sightsavers

Key activities

- A training manual was developed and piloted by consortium partners in consultation with relevant ministry officials.
- Training was delivered in the first year of the project with refresher training taking place in year two. Areas covered during the training were:
 - Models of disability and their implications for teaching strategies and inclusive practices.
 - Approaches to education: special and inclusive education.
 - Legislation supporting the rights of children with disabilities to inclusive education.
 - Eliminating barriers and promoting inclusive education.

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- Caregiver engagement and empowerment.
- Play-based learning and the teaching and learning process in an inclusive setting.
- The Competency-Based Curriculum (CBC), design components and modification.
- Child safeguarding.
- Support systems for inclusive education.
- Quarterly meetings were held with teachers to discuss issues arising and to provide additional support in areas that were proving challenging.
- Teacher implementation was monitored with approaches adapted to reflect learning.

Achievements

- The capacity of teachers to support learners with disabilities increased as evidenced by monitoring activities and the testimony of teachers during FGDs.
- Teachers reported that children with disabilities were interacting more effectively with their peers.
- Teachers were able to raise and address issues and concerns during regular quarterly meetings.

Lessons learnt

- Local education service providers need to be involved at all stages of project development and implementation so that existing education systems are strengthened.
- Teachers were open to developing their practice to become more inclusive.
- Whilst training was useful, it was important to run refresher courses to give teachers opportunities to share their learning and to raise concerns.
- Quarterly meetings provided a useful forum for teachers to discuss challenging areas and to receive additional instruction.

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Table 3. Teacher challenges, gaps and solutions.

Challenges and gaps	Finding solutions
<p>There are particular complexities when working in refugee settings. For example, the large numbers of children in each class and inadequately trained teachers.</p>	<p>At planning stage, these issues need to be addressed so that adequate budget is allocated for different activities.</p>
<p>Insufficient teaching and learning materials and other resources makes it more difficult for teachers to deliver the curriculum.</p>	<p>Stakeholders need to be encouraged to continue to advocate for adequate budgets at ECDE level. Teachers were trained on how to make teaching and learning materials from local resources.</p>
<p>Poor infrastructure and limited learning spaces/classrooms makes it difficult for teachers to plan group lessons.</p>	<p>Whilst this is also an issue about the provision of adequate budgets, teachers were encouraged to think about the teaching space. For example, using outside areas as an extension to the classroom.</p>
<p>Some teachers found a play-based approach to the curriculum challenging and would quickly revert to delivering lessons in a more formal way. There can be a lack of understanding about the value of play-based learning, and it does require a lot of preparation with no real incentive to change current practice.</p>	<p>Throughout project training and delivery, teachers were encouraged to use a play-based approach in their classrooms and given ideas about how to do this, even if this was not for the whole teaching day. New approaches need regular reinforcement for teachers.</p>
<p>Some aspects of the training needed greater emphasis and support than others. For example, record keeping and using IEPs.</p>	<p>To address the issue of inadequate training, refresher training was delivered, project staff interacted with teachers informally and particular issues were addressed through quarterly meetings with teachers. For example, the introduction of IEPs and keeping assessment records were a constant</p>

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Challenges and gaps	Finding solutions
	challenge and were addressed on multiple occasions with changes in approaches being adopted to make certain tasks more manageable.

Recommendations

- It is vital to work with relevant government agencies and key stakeholders to ensure that systems are strengthened rather than working solely on developing individual capacity.
- Advocacy efforts need to focus on continued sensitisation of duty bearers and budget holders so that sufficient budget allocations are made to train teachers in inclusion in early years settings.
- Discussion around inclusion should be built into regular staff meetings.
- Initial training must be followed by refresher training to ensure that teachers have space to consider what strategies work for them and what does not work. Regular mentoring and coaching are effective and creative ways of managing this should be considered in low-income contexts. For example, through the use of peer-to-peer support.

Case study 2

Otieno lives with his parents. He has difficulties in hearing, and those talking to him have to speak loudly in order for him to understand. He sometimes fails to hear instructions given to him and is not clear about what he should be doing. His mother says:

‘When I first learnt of my child’s difficulties, I felt distraught. He was my first born and so I felt my hopes dashed. I was worried how he would learn in school. Imagined how cruel teachers would beat him up if he didn’t understand things or failed to follow instructions. I always thought I would be the only one who would care for him as the only one who understood him. I never imagined I would leave him with anyone. This, however, changed when I took him to the school. Teachers are caring and willing to help the learners. They have shown an understanding of the needs of my child and my child is very happy!’

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He's only been in school for a year but is already enjoying it. He reports:

'I have many friends and I enjoy driving toy cars and pushing tyres at school. My best friend is Nick. He carries Mandazi (buns) which we eat during break.'

Otieno has now settled in school and enjoys life in school to an extent sometimes his mother has to fetch him from the school playground past school hours. In school, the teachers have accommodated him and have him sitting in the front, so he is able to hear them, and teachers speak loudly and clearly for ease of hearing and understanding. He singles out Mary as a teacher he says loves him.

Teacher Naomi adds:

'The ECDE project has built our capacity to know how to deal with children as individuals. We develop individualised education plans which help us in supporting individual children to achieve their education goals.'

Otieno's Mother said:

'The ECDE project has given me confidence and strength. I interact with other parents whose children are learning, and I have learnt that my child is not the only one with a disability. I have also learnt that, even with disability, my son can learn and become something in life!'

The role of learner support assistants (LSAs)

The development of approaches for home-based education through the use of LSAs has created important learning for the project. LSAs are defined as 'staff that work with the teacher to give additional instructional support to a learner/trainee or group of learners/trainees in a bid to meet the lesson's learning objectives' (7).

The role of LSAs cannot be overemphasised, given the diverse needs of learners with disabilities and how these necessitate additional support. This was also a context in which the use of IEPs was particularly valuable, creating a connection between the learning of children with complex disabilities and the input of their teachers.

The Sector Policy for Learners and Trainees with Disabilities (2018) acknowledges the importance of having LSAs to support the education of learners with disabilities in mainstream schools, special schools, special units and home-based education settings. As the government continues to put in place measures that promote

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inclusive education in line with Sustainable Development Goal (SDG) 4 and UNCRPD Article 24, LSAs will play an important role towards the achievement of this goal. Areas of focus were recruitment, capacity building of the LSAs to provide interventions through individualised ,instruction and collecting data to inform the home-based education (HBE) curriculum.

The LSAs roles were:

- Providing individualised support for every learner in respect to the different disabilities and areas of learning both at home and school.
- Offering emotional support to families of children with complex disabilities and the communities around them.
- Guidance and counselling to caregivers as some had lost hope or left their children with grandparents.
- To make decisions on appropriate intervention methods and instructional methodologies to use.
- Providing extra support to learners to complete tasks broken down in appropriately small steps to acquire school readiness skills.
- Supporting children during social activities, outings, and sports.
- Helping children prepare for activities such as physical education to improve their social skills.
- Helping children during therapy sessions.
- Supervising group activities.
- Assisting teachers to plan learning activities, prepare learning materials, complete records, and carry out administrative tasks.
- Supporting teachers and caregivers to manage children's behaviour.
- Following, implementing, evaluating and record keeping of the IEPs.
- Help in identifying learners with specific difficulties for referral to assessment and intervention.

Key activities

- Recruitment of LSAs and assigning them to learners and their households.
- Assessment of learners with complex disabilities.

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- Training was delivered in the first year of the project with refresher training taking place every quarter. Areas covered during the training were:
 - Understanding of types of impairments including deafblindness and other complex and multiple difficulties.
 - Community resource mobilisation.
 - Play-based learning.
 - Caregiver engagement.
 - Safeguarding.
 - IEPs.
 - Daily record keeping.
 - Daily intervention strategies (learning areas).
- Quarterly monitoring and IEP evaluations were completed to monitor the progress made by the learners to guide teaching goals and to address any challenges faced by the LSAs while supporting the learners.
- A daily record book was kept by the LSAs to report on the interventions completed and the response of the learners. This helped track what teaching methods or interventions worked for the learners to acquire progress.

Achievements

- The LSA training was delivered in phases, and it was on-the-job training. This enabled LSAs to relate, learn and ask questions in accordance with their own experiences of working with children with complex disabilities.
- LSAs have acquired the appropriate knowledge on disability including the various types of impairments, terminologies, and intervention measures for children with disabilities.
- The LSAs play a crucial role in the intervention measures offered for learners in home-based situations as they can provide individualised support and closely monitor learner progress. This has enabled some learners to transition to school.

Lessons learnt

- LSAs play a crucial role in HBE and inclusive education for learners with disabilities as they provide routine follow-up and individual intervention and support for the family.
- Recruitment of the LSAs from the community eased their reception, cultural acceptance, language, proximity and familiarity, hence making interventions easy for the learners and their families.

Table 4. Learner support assistant challenges and solutions.

Challenges and gaps	Finding solutions
The training of LSAs was only on home-based education.	Training on school-based education should also be provided to LSAs in order to support the learners who have transitioned to schools.
Some caregivers of learners with complex disabilities do not envision education as the most immediate need hence they do not take the role of the LSA seriously.	Continued engagement with caregivers is necessary to demonstrate the value of relevant education for all children.
The concept of LSA and education for learners with complex disabilities is new to many people. It is dependent on caregiver trust and the support given to LSAs.	Again, continued engagement is required with relevant stakeholders to demonstrate the value of the LSA.
The provision of instructional materials and other resources that are needed are difficult to acquire.	The LSAs and caregivers were trained on how to make and use locally available materials to be used at home during interventions. One play centre was stocked and renovated for the learners to access the materials during the play therapy sessions. The LSAs could also borrow and use the materials at home. It is also important to ensure that each child is registered at a school

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Challenges and gaps	Finding solutions
	so that they have access to capitation funding.

Recommendations

- Training on home-based education should include information on school-based and home-based education so that LSAs understand the different support needed in different contexts.
- It is important to provide continuous sensitisation of caregivers and manage expectations when it concerns the academic and social development rate of their children. This can be achieved through the establishment of caregiver support groups, regular meetings and guidance. In this project, this was provided through the development of a positive parenting manual.
- There should be continued advocacy for:
 - The employment of LSAs within the school communities to support learners with disabilities at home and at school.
 - Implementing existing government policy. For example, ensuring that all children are registered at school, that a teacher in the school takes oversight of their education, and that capitation funding is also allocated to children in home-based education.

The role of caregivers

Caregivers play the key role in the holistic growth and development of a child. Caregivers are the first educators, trainers and source of authority that a child interacts with. The empowerment of caregivers to skilfully identify a child's talent and potential creates an enabling environment for the school to build on.

Caregivers can be classified into two major categories:

Primary caregiver: these are mainly family members or friends of the family. They are non-formal and unpaid caregivers for the child with disability.

Secondary caregiver: these are mainly formal, trained professionals or untrained professionals paid to provide care as a service to a child with a disability (8).

Depending on different settings or environments, the different categories of caregivers of children with disabilities may include:

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- The parents, which includes biological parents (father and mother), foster parents, or adoptive parents in the home setting.
- A family member, which includes an older sibling, an older cousin, an uncle, an auntie or a grand or great grandparent also in the home setting.
- Domestic workers, usually called ‘house helps’ in Kenya, some of whom are paid but others are extended family members who are engaged to provide support to relatives at no fee.

Caregivers play a very important role in determining the success of a child’s education. They have a shared responsibility with schools to create an atmosphere that is conducive to learning and which motivates a child to achieve their full potential. Areas of support include:

- Assisting with activities of daily living (ADLs) such as mobility, feeding, grooming, dressing, bathing, toileting and bedtime routines.
- Helping a child to develop their abilities.
- Giving a child the right to make decisions and contribute ideas as an equal family member, e.g., choosing what wear or what to play with.
- Encouraging a child to be an active responsible family member.
- Providing learning and play materials and devices required for a child’s wellbeing, stimulation and learning.
- Contributing to healthy emotional development of a child. This can be done by demonstrating love to a child and being responsive to their needs.
- Demonstrating and teaching ways to support a child with care.
- Taking them through the challenges of negative cultural and societal influences, e.g. sexual abuse, drug abuse and gender violence, including bullying and teasing, which is a common occurrence for children with disabilities.
- Offering stimulating home environments and relationships, which are vital for nurturing the growth, learning and development of children.
- Participating in peer-to-peer experiences at community level.

Key activities

- A positive parenting manual for caregivers of children with disabilities was developed. This gave caregivers approaches and strategies for being engaged with their children and supporting their skills development and early education.

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- Caregiver support groups were formed. A lead caregiver champion was appointed in each group. The lead champions developed action plans to train caregivers and conducted bi-weekly follow-ups to observe the practices being embraced by those trained. Caregivers received psychosocial support (peer-to-peer support), a transport buddy system, and advice on financial literacy and on how to make toys for sale.
- Caregivers were part of the SBITs and were involved with formulation of school policies or regulations and action plans that promoted inclusive ECDE.
- Caregivers were supported to develop their knowledge and skills of using play and recreational activities to promote learning at home and were trained on making toys and play materials from locally available materials. Quarterly meetings were held to support this.

Achievements

- The positive parenting manual proved to be a useful document across all intervention schools in the project.
- Male and female caregivers were identified through the community and the school and were enrolled in caregiver support groups led by caregiver champions. The champions collected data pertaining to the caregivers of children with disabilities.
- Caregivers were trained on disability awareness including complex disabilities and the possibilities of school/home education through the production and distribution of brochures, media talk shows and meetings at community level.
- Caregivers were trained in psychosocial support (peer-to-peer support), established a transport buddy system, were supported on financial literacy, referral pathways and guided in the making of toys for their children and for sale.
- Caregivers were supported to understand how their involvement in play and recreational activities helps a child to learn important life skills such as being healthy, being a team player and learning how to interact with their peers.
- Caregivers were coached on supporting the cognitive, social and problem-solving skills of their children. They were guided on managing difficult situations, identifying good behaviour, administering appropriate discipline, time-keeping and effective problem-solving techniques.
- Caregivers were encouraged not to cope alone. They were given ideas about how to ask for support from their families, teachers, EARC officers and community leaders.

Lessons learnt

- The positive parenting aspect of the project was very successful in helping caregivers to support their children with disabilities.
- The caregivers of children in HBE and of those in school were trained together. This provided useful opportunities for open discussion and showed the caregivers of children with complex disabilities that their children do have a pathway to attend school.
- Caregivers' understanding about how to manage their children increased. Some caregivers made toys for their children, some reorganised their homes to make them more accessible and others expressed a better understanding of the services available to their children.
- Caregivers were often unaware of strategies for managing their children. For example, the importance of using positive language and discouraging verbal abuse by peers and siblings.
- The support groups provided a safe space where caregivers could support each other to address pertinent issues. They felt encouraged by ideas on how to recognise and manage their own wellbeing.
- It was important to help caregivers to understand that caring does not mean doing everything for a child. It is important to allow children to make mistakes and develop their independence, irrespective of their type and severity of impairment.
- Caregivers were able to understand the myths about impairment and disability.
- The SBIT plays a major role in community mobilisation and ensured that caregivers had access to information about appropriate facilities and support available for their children. They provided the families of children with disabilities with information on who they can approach when they had concerns or worries about their children.

Table 5. Caregiver challenges, gaps and solutions.

Challenges and gaps	Finding solutions
Segregation and stigmatisation of caregivers with children with disabilities due to cultural and societal attitudes that views disability as a burden persist.	Caregiver support groups acted as a place to learn coping mechanisms against discrimination, segregation and stigma. This decreased the feeling of isolation felt by the caregiver of children with disabilities. The support groups

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Challenges and gaps	Finding solutions
	served as a therapeutic intervention and a haven for sharing feelings in a non-judgmental atmosphere.
High functional illiteracy level among caregivers, particularly in low resource settings, such as the refugee camps, limits the ability to get relevant information about children.	Information was shared verbally in caregiver groups in a small group setting so that literacy issues could be overcome.
Many caregivers still have limited understanding of the services and resources available for children with disabilities.	Through the caregiver support groups, caregivers had an opportunity to share information about services available for children with disabilities. For example, assistive devices, health services and education assessment and resource services.
The number of children in a household impacts the ability of a caregiver to support children with disabilities in the family.	Additional support might be required where there are multiple siblings for the caregiver to support. Caregiver support groups and training need to continue to encourage caregivers to provide support for their children. The positive parenting manual gives suggestions about how this can be managed more effectively.
Limited time is spent by caregivers with their children because of other activities such as work and accessing basic services. This reduces the time available to be a positive caregiver, monitor educational progress and health requirements.	Caregivers need to be encouraged to engage with their child when they have time and during daily activities. For example, dressing, and eating together.
64% of the members of support groups were female, with only 36%	Whilst recognising that more women are left to care for children with disabilities, it

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Challenges and gaps	Finding solutions
male. Many of the caregivers were single mothers or grandparents with many male figures having left the family.	is important to identify strategies for encouraging male relatives to offer support in families where there is a child with disabilities.

Recommendations

- Regular support of caregivers through support groups is an important way of supporting families of children with disabilities.
- The appointment of caregiver champions meant that the groups were self-directed and needed minimal support from project staff.
- The support groups can be used to disseminate key messages learnt through the training to other caregivers.
- The groups provided a valuable space for caregivers to support each other and not feel so isolated.
- It would be useful to review the approach taken to involve male caregivers and family members to participate in the groups. Care tends to be delegated to female relatives, and strategies for engaging male relatives should be given more consideration.



Caregivers display locally made play and learning materials during positive parenting training sessions conducted by champion caregivers in Kakuma.

The role of organisations of people with disabilities (OPDs)

The role of OPDs was central to the project, from conception and design through to implementation, monitoring, and evaluation. Members of OPDs were involved in initial project design through a series of workshops and chaired and led the project steering committee.

Most OPDs are rooted in their local communities and will function beyond the length of the project. Close collaboration enabled the project to learn about the needs of children with disabilities and to highlight how these needs might be met, such as through capacity building of OPDs in advocacy work.

In Turkana County, the project engaged OPDs from the refugee camp and the host community. They supported the project in creating disability awareness and advocating for the rights of learners with disabilities. They also played a key role in conducting back to school disability awareness drives and, as members of the SBIT, guided the development of accessibility plans in line with the concept of universal design.

In Homa Bay, the project team worked with the Homa Bay County Disability Forum (HBCD), focussing on advocacy and awareness creation on inclusive education and disability rights. Capacity-building activities were based on the gaps identified by the OPDs and supported by the project advocacy team.

Through the technical support from the project team and regular feedback sessions, the OPDs have been able to support the project by engaging with school communities, state actors and other stakeholders to champion for inclusive education for young children.

Key activities

- Capacity building on inclusive ECDE and advocacy.
- Radio talk shows hosted by OPD members to create awareness on inclusive ECDE and disability inclusion.
- Back-to-school disability awareness creation drive and follow-up of learners with disabilities.
- Participating in the development of the County Integrated Development Plans (CIDP). OPDs gave their input on problems facing learners with disabilities, lobbied for the county governments to allocate additional funding and to support

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the needs of learners with disabilities in ECDE. They petitioned for the county governments to create an annual inclusive sport tournament for people with disabilities and for every county government department to have a sign language interpreter.

- OPDs were members of and supported the SBITs on disability inclusion matters.
- Guiding the schools on the implementation of accessibility plans.

Achievements

- Lobbied for consideration of development of new ECDE centres in the CIPD documents.
- Provided technical support to schools for development of their Accessibility Action Plans.
- Supported the construction of accessible pathways, toilets, washing hand points, playground, classrooms and playing equipment.
- Provided support to the SBITs through their active participation in policy formulation and disability awareness campaigns.
- Successfully carried out identification and screening for children with disabilities and made follow-ups on school placement and referrals.
- Lobbied for the training of LSAs who were later placed in schools to support children with disabilities in schools.
- Lobbied for creation of the office of the special needs education (SNE) coordinator in the Department of Education in Homa Bay to specifically focus integrating inclusive education into the ECDE programmes and succeeded in securing an appointment.
- OPD led activities strengthened project implementation. For example, participation in SBITs, hosting radio talk shows, and supporting schools to develop disability focused action plans

Lessons learnt

- The involvement of OPDs in the design and implementation of this project was key to its success. Specialist knowledge, experience and expertise helped the project team to learn about the barriers that people with disabilities face in society and gave insights in how to reduce some of these barriers.

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- Engaging OPDs in conducting radio talk shows was effective and efficient because members speak the local dialect and understand the existing political environment.
- When working with OPDs, there are some disability groups that were not represented. It is important to identify small interest groups and encourage them to participate in project activities.
- Use of local OPDs to engage the government in promoting and planning inclusion is key because the OPDs are part of the community advocacy structure which any development agency can collaborate with.
- Whilst funding was provided to members of OPDs to participate in activities, it is important to include OPD representatives in budgeting activities to ensure that there is a proper understanding of expenses incurred for services provided.
- The project steering committee was effectively run by an OPD member. This ensured that the needs of the OPDs were properly considered and strengthened partnerships in the consortium.

Table 6. Organisations of people with disabilities challenges, gaps and solutions.

Challenges and gaps	Finding solutions
<p>Because of the organisational structure of some OPDs, it was sometimes challenging to receive feedback or documentation about activities undertaken.</p>	<p>In Kakuma, OPD members rotated representatives taking part in different activities so that there was not an over-reliance on one member to report back. In Homa Bay members were allocated different responsibilities in the project. Both approaches had benefits and challenges. It is important to offer continuing opportunities for capacity building for OPDs and to consult effectively to identify particular needs.</p>
<p>Lack of resources to facilitate logistics limits some activities.</p>	<p>When initial budgeting takes place, the needs of OPDs in supporting project activities needs to be thoroughly costed to ensure that all activities can take place. This includes support for administration, payment for services and other expenses.</p>

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Challenges and gaps	Finding solutions

Recommendations

- It is worth spending time and resource to complete an effective mapping of OPDs during project planning. This should involve affiliates of umbrella organisations but should also consider smaller groups who can be under-represented.
- It is vital to involve OPDs throughout project implementation to help stakeholders to negotiate the complex relationship between different ‘umbrella’ organisations, county-level organisations and local-level groups. All can make valuable contributions in supporting children with disabilities, but OPD members have a deep understanding of different contexts and can guide on how to develop effective relationships.
- Additional support should be provided to OPDs to support the administration and documentation of their work. Most members of OPDs are volunteers and need proper recognition for project work.
- OPDs should be involved in developing budgets during proposal development to ensure that their needs are effectively costed.
- Homa Bay Disability Forum did make efforts to include less-represented OPD groups in project implementation and this added value and experience to the project.
- The government should support OPDs to carry out disability awareness events at sub-county and ward levels. This ensures that a higher number of people are reached at grassroots.

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One of the OPD members working on a Braille machine. Photo credit: © Ninth Wonder Productions/Sightsavers

Home-based education (HBE)

HBE is a strategy that employs both community-based rehabilitation and provision of education from neighbourhood schools to:

- People with disabilities in preparation to attend or to transition to school-based learning.
- People with severe multiple disabilities who would otherwise not attend school and thus receive education within their homes.

The teacher makes regular home visits to impart teaching and learning to the learner and trainee who is at home (6).

It offers benefits such as personalised instruction, individualised learning plans, and a flexible schedule. Individualised attention helps to address the learner's unique challenges and promotes optimal learning outcomes. It encourages family involvement in the education process and promotes self-paced learning, considering the complexity of the learner's disability.

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However, several factors must be addressed to ensure its workability and effectiveness. These include providing:

- A suitable curriculum for HBE.
- A learner support assistant (LSA).
- An individualised education plan (IEP).
- Teaching and learning materials.
- Appropriate assessment and evaluation of learners.
- Caregiver training on various support skills.
- Collaboration between home and school (teachers, LSAs and caregivers).
- Quality assurance.

In this project, HBE was implemented only in Homa Bay County, with 45 learners in HBE and 12 LSAs.

Key activities

- Identification and assessment of the 45 learners.
- Recruitment of LSAs.
- Training of LSAs.
- Pairing of LSAs and the learners living close to each other.
- Provision of teaching and learning materials.
- Actual intervention – teaching the learners.
- Caregivers training/sensitisation.
- Physiotherapy for learners.

Achievements

- 11 LSAs (7 woman and 4 men) have successfully completed their 3-phase training on HBE for learners with complex disabilities.
- All 45 learners have their IEPs developed and actively in use by the LSAs.
- 15 children with complex disabilities were transferred to mainstream schools.

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- MoUs were signed between Sense International Kenya and Mbita and Homa Bay Hospitals. When the government changed, existing agreements were upheld because of the signed agreements.
- 55 caregivers have been trained on positive caregiver strategies, inclusive education and play-based learning.
- A play/recreation centre was opened at Rodi Kopany Primary School, and it was equipped with play and learning materials. It is open to learners in that school and beyond.
- Learners have achieved the delayed milestones including ADL skills such as toileting, feeding and communication.
- Assistive devices have been provided to learners who required them.

Lessons learnt

- The role of an LSA is vital for inclusive education to work for children with complex disabilities. They require additional support to achieve learning outcomes and teachers rarely have the capacity or time to provide such support. With proper training, LSAs help children to achieve the right to attend a mainstream school.
- Training LSAs on the job was an effective approach. LSAs gradually developed their skills, issues were managed as they arose and their confidence in supporting learners with complex needs developed because they were always working directly with children. Only one LSA out of 12 left during the lifetime of the project.
- LSAs also required individualised input so that they can address the unique needs of some children.
- Whilst LSAs were trained on the use of IEPs, it was discovered that a record of short-term progress was needed. A daily record book was introduced between the caregivers and the LSAs to monitor daily activity and to strengthen the partnership between caregivers, LSAs and teachers.
- The importance of planned play was noted. Play experiences were designed to suit the needs of individual children, so, for example, a child who needed to develop their fine motor skills was given a range of activities in this area.

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Table 7. Home-based education challenges and solutions.

Challenges and gaps	Finding solutions
Some learners are living with guardians, mostly grandparents who are not able to adequately support the children in the learning process.	Other family members such as older siblings or relatives within the household who could assist the learners in the learning process were involved.
The socio-economic status of most of families is low, thus they cannot afford transport to go to the hospitals for weekly therapy weekly or attend the play therapy sessions.	The number of occupational therapy sessions was reduced from weekly to twice a month and play therapy to once a month. This meant that families felt able to manage some sessions and continued with the sessions rather than giving up because everything was unmanageable.
The transition process is still complex and requires a commitment from schools and families to ensure that it works.	All those involved in transition need ongoing support to ensure a smooth process. This includes commitment from caregivers, learners, LSAs, SBIT, school management.

Recommendations

- It is important to establish a linkage between the HBE learner, LSA and the nearby mainstream school as early as possible in the education journey of the child.
- Schools need support to understand that children with complex disabilities have a right to attend a mainstream school and, with proper support, can do so.
- Continued advocacy is required to ensure that HBE curriculum is reviewed and aligned with the existing CBC.

Case study 3

This is the story of Peter, as narrated by his mother.

I had a very normal pregnancy. I can say. I gave birth to a handsome baby boy and named him Peter. He is my fourth child out of five. I never saw any challenges with

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him until when he was around four months, when he started being sickly. He would regularly experience fits. Back then, I never really understood what was happening and I even thought it was related to some cultural issues. I therefore gave him some traditional medication, but he wasn't getting better. I therefore decided to take him to hospital. Ever since, we have been on and off the hospital. We have depleted our financial savings and, at times, cannot even afford the medication required.

His seizures continued, which would then lead to accidents here and there within the household. At one point, he even got burnt. My son can't speak, he has no hearing, no speech, doesn't follow instructions, difficulties with his vision and his physical development isn't the same as his peers. This is almost similar to his older brother, the second born, though I can say for him its only that he is deaf. I am even more worried of my fifth child who, at two years three months, hasn't achieved his developmental milestones yet. He has no speech, his hearing is faint, his orientation is also difficult. However, he has no seizures, but am worried he will turn out like Peter, because in him I see the younger Peter.

The society has already alienated me. I'm all alone with my children, left to fend for them and take care of them. I can't leave them under anyone's care because they think that they will infect them with this condition.

Having the learning support assistant (LSA) has been very beneficial. Peter can now respond to simple instructions, look at you when you call him, can hold a pen and book, and you can see him scribbling and doing colouring. This has given me boundless joy as a mother because I am now encouraged that my son can even go to school where he will socialise with other children and also acquire more academic skills. This will give me more hope for his two other siblings with disabilities. I will also have ample time to go fend for the family.

I am a casual labourer. I work in people's farms, wash clothes and sometime do charcoal burning. All this work is dependent on other people relating with me and giving me jobs. I have been a subject of gossip amongst my peers but, overall, I have gotten to the point where I just let them talk because, at the end of the day, they are my children. I hurt more when I cannot put food on the table for my children to eat. My husband is not dependable anymore because he leaves and comes back after days or weeks with little or nothing for the children. I have no one to help me to care and it depresses me.

The LSA has really helped me. I have reduced my stress levels because we get to talk, and she understands me. All my children love her, and even though she is meant to support Peter only, she has extended her services to the other children too. She has also taught me with ways to use in supporting the other two children. I am looking forward to placing the older child in school too, because he has shown

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significant improvement in acquiring school-readiness skills. He will also help in taking care of his brother Peter at school.

I will now focus more on the younger one, to help him improve and eventually be enrolled in school. Hopefully in the future they will grow up to be great leaders and professionals in different fields.

Partnering with education service providers

A key aspect of this project was working with and through different education service providers. There are some differences between the organisational structures in Turkana County and Homa Bay.

In Turkana County, the project partnered with various agencies, including UNHCR, which manages all the education activities in Kakuma refugee camp; Lutheran World Federation, which manages schools in Kakuma refugee camp; and Finn Church Aid, which manages schools in Kalobeyei settlement. Throughout the project life, MoE officials and county education officials have been part of the project team, having membership of the project steering committee and contributing to a range of activities.

In Homa Bay, the county government, specifically the Department of Education, was the main strategic partner for this project. They also had representatives in the national steering committee which coordinated project implementation. The County Department of Education, with project staff, participated in activities such as the capacity building of teachers and baseline data collection exercises.

The County Director of Education – Homa Bay County has worked through different officers including the Quality Assurance and Standards Officers (QASOs) and the Sub County Directors of Education. The other state actor involved was the Teachers Service Commission (TSC) through the Homa Bay County TSC's director. The EARC officers who are TSC employees supported the assessment of the learners with disabilities.

In Turkana County, the project worked with three intervention and three control schools, two in Kakuma host community, two in Kakuma refugee camp, and two in Kalobeyei. All the schools in the Homa Bay context were ECDE centres domiciled in the main primary school. The nature of management and administration was that the primary school was under the national government while the ECDE centre was under the county government. This is because ECDE was devolved, thus placed under the county government, but the two levels of government work collaboratively in terms of running the ECDE centres.

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Key activities

- The training module on inclusive education was developed with the support of relevant ministry officials.
- Ministry officials were trained as trainers of trainers on inclusive education.
- Ministry officials took part in the training of teachers on inclusive education in year one and a refresher training in year two of the project.
- Field visits were conducted by MoE and KICD state actors to both project areas to encourage a better understanding of IECDE programmes and support around inclusive education and disability inclusion.
- Tools used by QASO in monitoring and evaluating education activities were reviewed to ensure that aspects of inclusion were monitored.

Achievements

- With the support of EARC centres, learners who dropped out of school due to special needs or disabilities were followed up and, upon assessment, readmitted or placed appropriately.
- With the support of KICD, curriculum designs and adapted learning materials have been provided to learning institutions.
- A harmonised tool for QASOs and ward supervisors was developed that integrates inclusive education into the monitoring of ECDE centres by the county government of Homa Bay. This was a process led by the County Department of Education and technically supported by the project team. It is currently awaiting validation and adoption for use.
- After a visit by MoE and KICD state actors, it was agreed that qualified refugee teachers will in future be vetted and registered by TSC as expatriate teachers in the refugee setting. Once this is ratified, it will improve the quality of education and the standards of teaching. Furthermore, it will motivate the refugee teachers because they will feel recognised and appreciated.

Lessons learnt

- Different education service providers showed differing levels of interest in IECDE. By including key people in training, by consulting on project activities and working

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in partnership, a greater understanding of the project and concepts around IECDE was achieved.

- Education service providers are always challenged by budget restraints and competing priorities. It will be important both to continue to advocate for appropriate budget allocations and to demonstrate good inclusive practice to persuade education service providers of the value of IECDE.

Table 8. Education service provider challenges and solutions.

Challenges and gaps	Finding solutions
Underfunding of ECDE centres means that recommendations for improvements in the centres cannot be adequately funded by duty bearers.	Empowering the school management committees and the SBITs through resource mobilisation training and the development of action plans has enabled schools to lobby and mobilise resources to carry out different activities at school level.
As identified in the initial project design, the construction of disability friendly and accessible buildings is expensive and requires a high level of funding. Lobbying for additional funds from government was not successful during the lifetime of the project.	Continue lobbying with appropriate agencies for additional funding.
High enrolment of learners in refugee schools translates into a high number of learners in a class. This makes teachers unable to attend to learners individually, particularly learners with disabilities and special needs.	Regular capacity building of teachers to enable them to understand the concept of inclusive education, teaching and learning strategies and how to support learners with disabilities.
High number of untrained teachers in inclusive education, particularly refugee teachers.	Onboarding of learner support assistants eased the work of teachers. They provided individual support to learners with a focus on those with disabilities. Continued lobbying will be required to ensure that teachers are

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Challenges and gaps	Finding solutions
	recruited and trained and that LSAs are centrally funded to support children with disabilities.

Recommendations

- Continue to advocate with service providers/duty bearers for:
 - The allocation of adequate resources.
 - The development of an effective communication strategy for raising awareness on inclusive education and training.
 - The strengthening of quality assurance and monitoring for effective implementation of inclusive education.
 - The verification of refugee teachers with qualified academic qualifications for registration by the TSC and issuance of work permits as expatriate teachers.
 - The provision of adequate resources and qualified assessors in EARC centres.



A teacher and a student playing with hula hoops made out of bicycle tyres.
Photo credit: © Ninth Wonder Productions/Sightsavers

Advocacy

The Government of Kenya intends to ensure that learners with disabilities are enabled to transit from Early Childhood Development (ECD) to primary secondary, tertiary and university level. There are ongoing efforts at county level to create an enabling environment for children with disabilities to fully participate in inclusive ECDE. This includes the Disability Act in Homa Bay County, which aligns with the 2022 National Disability Act. However, a localised policy is crucial to translate disability mainstreaming in the county and ensure that the expectations, roles, and levels of accountabilities are well defined.

In Turkana, the Disability Act is due for review and the ECDE policy is currently at cabinet level. It is imperative that the government commits to create enabling environment to promote inclusive education at county level.

To align with existing government efforts, it was important to make sure that OPDs were aware of government processes and structures. The advocacy component of this project aimed at ensuring there is an increased commitment of the country government to promote inclusive ECDE. Another aim is ensuring OPDs are meaningfully engaging to raise awareness on the existing policy, and also be part and parcel of decision making at county level to influence inclusive ECDE.

Some of the key gaps that were identified and prioritised are as follows:

- Inadequate regulatory framework to guide disability and IECDE mainstreaming in Homa Bay and Turkana Counties.
- Inaccessible physical infrastructure in schools.
- Teacher's competency in teaching children with disabilities due to limited capacity in implementing curriculum accommodation for special needs.

Key activities

- Meetings held with the social protection thematic working group in both counties and respective County Education Committee (CEC) members to sensitise them on the need for the disability mainstreaming policy.
- Meetings held with the CEC education and the broader education thematic working group to sensitise them on the need for an IECDE policy in Homa Bay County.
- Strengthened the capacity of the HBCD and OPDs in Turkana to meaningfully engage in county-level planning and budget-making processes to streamline

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accountability mechanisms. This was made possible by training them on advocacy and influencing, which helped them in clearly defining gaps, agreeing on policy level solutions, with activities, timelines and clearly defining the stakeholders responsible to address the issues.

- Workshop held on county planning/budgeting processes for HBD and OPDs in Turkana to review progress of previous CIDP and identify areas to be included in the new CIDP.
- HBD undertook resource alignment mapping to guide their engagement with county-level planning processes.
- HBD and OPDs in Turkana actively participated in county planning processes, by attending ward and sub-county level meetings and sharing areas to be prioritised for funding in the next 5 years.
- Sensitised decision makers on inclusive education and required adaptations.
- Built capacity of duty bearers and OPDs on accessibility requirements and standards.
- Collaborated with National Council for Persons with Disabilities (NCPWD) to undertake learning workshops for duty bearers and OPDs on accessibility requirements and standards.

Through these activities the following focus advocacy areas were identified:

- Advocate to the county's commitment to develop disability mainstreaming policy to facilitate implementation of the county disability act in both Homa Bay and Turkana.
- Development of a county level IECDE policy in Homa Bay to create a legally binding document at county level to ensure increased accountability in promoting inclusion.
- Advocate for routine physical accessibility audits including resource allocation for the same through the CIDPs.
- Advocate for increased fund allocation to mitigate physical accessibility challenges by county government in their CIDPs.
- Advocate for review of the existing ECDE teacher training curriculum by KICD to promote inclusive education.

Achievements

- Increased participation of OPDs in decision-making processes. The advocacy training for the OPDs helped them to understand government structures and opportunities that they can align with to meaningfully engage and participate in discussions that help them to influence disability inclusion.
- Members of OPDs have been selected as representatives in the CIDP committees.
- Enhanced county commitment in developing the county IECDE policy. Through the ongoing advocacy and influencing at county level by the OPDs on the need to have a county-level regulatory framework to guide disability and IECDE mainstreaming, the county has recently conducted stakeholders' consultation meetings. They came up with a pathway and costed action plan to support the domestication of the IECDE policy in Homa Bay County.
- Integration of disability inclusive priorities in the CIDP. The advocacy sessions supported OPDs to meaningfully participate in the CIDP processes in both Kakuma and Homa Bay. As a result, in both counties, the CIDPs have prioritised and budgeted for disability inclusive activities in these plans for 2023.

Lessons learnt

- The involvement of OPDs in advocacy activities has had a positive impact on how OPD forums are operating as they influence the inclusion of people with disabilities in every sector at county level. Their role at county level is now more prominent and highly recognised, resulting in government creating an enabling environment for the engagement of OPDs in planning.
- There is a need to continuously engage the OPDs in the Turkana County to strengthen their participation at county level.
- The role of United Disabled Persons of Kenya (UDPK) is key in identifying the county-level OPD gaps and supporting capacity building.

Table 9. Advocacy challenges, gaps and solutions.

Challenges and gaps	Finding solutions
The lack of an OPD forum in Turkana has hindered the role of OPDs in decision making processes.	To formally establish an OPD forum with a representation of people with disabilities in both camps and settlement area.

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Challenges and gaps	Finding solutions
Funding is not available to measure the level of impact that the influencing activities have had in key processes at county level.	During the lifetime of the project this was not achievable.

Recommendations

- The OPD umbrella organisation (UDPK) can play a key role in capacity building at county level. It is important to include them as key stakeholders as they are best placed to support with trainings and needs assessment to ensure alignment with country-level OPD needs.
- Advocacy and influencing priorities need to align with the country's global and national level commitments to allow synchronisation, not creating parallel results.
- For OPDs to work, they need a well-established forum that can communicate and operate as one. Working through such a structure increases the opportunities to affect engagements with the government.

Accessibility

Accessibility involves adapting and designing places, transport, information (written, oral, digital), services and equipment to take account of the specific needs of people with disabilities, in the most inclusive and universal way possible. The aim, therefore, is that accessibility should enable everyone to use services, places and facilities together, with no one being excluded. The Accessibility and Mobility of the Persons with Disabilities Act No.14 of 2003 states that:

'Persons with disabilities are entitled to a barrier-free and disability-friendly environment to enable them to have access to buildings, roads and other social amenities, and assistive devices and other equipment to promote their mobility.'

In Kakuma, one intervention school was selected, and accessibility modification completed, to increase participation of children with disabilities in an inclusive education set-up and to model what could be done to other project schools.

Key activities

- The project monitoring, evaluation and learning (MEL) subcommittee developed a school inclusion assessment tool to support the assessment of accessibility in the schools. The tool assessed accessibility in the following areas: infrastructure, communication, material and equipment, and human resource. The nine intervention schools were assessed.
- The SBITs and ward supervisors were trained on the accessibility tool, jointly conducted the assessments using the tool, and developed action plans for their respective intervention schools.
- After the assessments, the necessary authorities were informed of the assessment and each group appointed a lead to engage the school board of management.
- Schools then developed a school accessibility action plan to identify and remove obstacles and lobby for the addition of resources to improve accessibility and inclusion.
- In Kakuma, this included work on a model intervention school to provide an example of what could be done and might be developed in other schools in the project. The following was completed:
 - Accessible primary entrances to buildings in the model intervention school were designed and a ramp was constructed in the approach to the entrance.
 - Painted the entrance door with a colour that contrasts with the surrounding surface to make it clearly identifiable.
 - Enlarged the landing area (space between the ramps, staircases, and the floor) to ensure that a wheelchair can be accommodated. Added a slip-resistant finish.
 - Widened the pathway and removed obstructions and landscape features that limited the pathway width.
 - Constructed guards to ensure edges of raised pathways are protected.
 - Developed an inclusive playground specifically designed to be accessible and enjoyable for all learners, including those with disabilities.
 - Provided signage at the school entrance to identify the buildings.
 - Lowered chalkboards in all classrooms to an accessible level for all learners.
 - Adapted pit latrines to be accessible.

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- Developed a transport initiative providing adapted bicycles for transportation of learners from to and from school.

Achievements

- Awareness about accessibility was increased in all schools.
- The SBITs who completed the audits developed action plans and are seeking additional funding to improve the accessibility of their schools.
- Teachers reported that the inclusive playground motivated learners with disabilities to actively participate in co-curricular activities.

Lessons learnt

- Accessibility improvements are key to enabling children with disabilities to receive a quality education.
- Accessibility needs to be considered both for the infrastructure of schools and for creating a more inclusive environment.
- After visits by the MoE and KICD to some of the intervention schools, a need to enforce compliance to structural safety standards and practices in all the project schools was identified. Items such as door widths and ramp inclination should be aligned with ministry expectations. Unfortunately, funding was not allocated by the education service providers to enable these changes.
- It would be useful for SBITs to carry out accessibility audits annually and review the number of learners with disabilities using the facilities.
- The use of a range of stakeholders with different expertise should be employed in the development of accessibility plans and accessibility audits. This strengthens the plan and aids sustainability as different interest groups are involved.

Table 10. Accessibility challenges, gaps and solutions.

Challenges and gaps	Finding solutions
Most teachers are not trained in sign language and braille literacy. This reduces the efficiency of communicating with learners with sensory impairments and can hinder their access to the curriculum.	Whilst some initial training was provided through the project, longer term solutions need to be identified to equip teachers and learners with such specialist skills. One approach could be to partner with other agencies to train

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Challenges and gaps	Finding solutions
	teachers on basic braille and sign language to improve access to learning for children with sensory impairments.
Lack of enough trained personnel to use the learning resources and assistive devices such as braille machines, slates and stylus, orbit readers and embossers.	Advocate for additional personnel and investigate training strategies for the use of assistive devices.
Lack of funds to make infrastructure changes, improving accessibility of all the intervention schools.	Empower the school-based inclusion team to enable them to lobby for resources at school and community level.
Many learners with disabilities miss school due to the inability to have an affordable, contextually appropriate, and sustainable transport initiative.	The project team has engaged SBITs, OPDs, caregivers and teachers in developing a transport initiative that is affordable and contextually appropriate.

Recommendations

- Promote the use of alternative modes of communication suitable for learners and trainees with disabilities such as sign language, braille and augmentative alternative communication to ease access to the school curriculum.
- Advocate for:
 - The allocation of resources for rapid response during disaster and emergency disruptions in intervention schools. For example, one model school was demolished by wind and repairing the institution has been a challenge due to inadequacy of resources.
 - Funding for the maintenance of specialised learning resources, assistive devices and technology through quality storage, repairs, replacement and upgrading.
 - The capacity building of relevant staff on the use, repair, and maintenance of assistive products for continuity of services. Increase training for the SBITs and school management teams on resource mobilisation to identify ways of

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accessing/lobbying/raising funds for infrastructure development and adaptations.



A school building that has step-free access and signs directing students and teachers to different parts of the school. Photo credit: © Ninth Wonder Productions/Sightsavers

Case study 4

In Kakuma Refugee Camp and the Kalobeyei Settlement, which is located just next to the refugee camp, the project is being implemented in three primary schools. 72 children with different types of disabilities attend lessons in these schools.

Destin, a six-year-old pre-primary 2 learner at one ECDE centre is a Congolese girl who was born with osteogenesis imperfecta, also known as brittle bone disease, a condition that weakens the bones and is characterised by fragile bones that break easily. At the age of three, she was not able to walk around like children of her age. This was devastating to her parents because they hoped she would have walked by that time and attended school like her peers within the neighbourhood. Destin's father said:

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‘When I heard from my neighbour that the local school is admitting children with disabilities, I went to see for myself. I thanked God and I am grateful for HI for the big work they have done in giving our children hope. With this new initiative, our children with disabilities can access education at the appropriate school-going age. I hope other parents will bring their children to school too and learn in this nice school with chairs, tables, and ramps, play with materials, and are supported by good teachers..’

According to him, despite her conditions, Bukuru loved school so much, and learned a lot. Her teacher loved her a lot and her progress was good compared to her elder sister who had no impairment and went to the same school.

At this school, HI through the DID project has completed modifications of the school environment, by constructing pathways, lowering blackboards, widening classroom doors, installing signages with large font, and levelling the school playground. In addition, the teachers were trained on inclusive education and have been providing inclusive lessons using adapted teaching, learning and play materials.

The headteacher of the school stated:

‘Since we started implementing inclusive education in the school, we have received 25 learners with different types of disabilities. They joined in pre-primary 1 and all have now moved to pre-primary 2. Every morning they come to school and learn with other children. We thank HI for repairing play materials and providing more play materials which learners can use differently to exercise their gross and fine motor skills during break time. This has made learners attend school daily, since they enjoy playing.’

Monitoring, evaluation and learning

MEL was central to the project. A MEL framework was developed with consortium partners and stakeholders, including OPDs, the county government, and the MoE. The framework helped us to produce and use quality monitoring and evaluation data to generate rigorous evidence of what works or does not work to realise long-term improvements in the wellbeing and inclusion of young children with disabilities, in ECDE settings. In line with adaptive management principles, the data was used to inform decision-making and to adapt what happened in the project.

Each consortium partner had a MEL focal point person who represented their organisation in a MEL sub-committee. The sub-committee's work included developing and coordinating the implementation of the MEL framework. They ensured that the MEL deliverables met the requirements of the overall DID

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programme MEL strategy and other requirements and ensured that quality data and evidence was produced. The MEL sub-committee also supported learning and adaptation on the task order.

Key activities

- Provided monitoring and reporting guidance to consortium partners, enabling them to generate timely and quality data.
 - Generated rigorous data and evidence of what works to realise long-term improvements in the wellbeing and inclusion of children and used this evidence to influence governmental, private and donor organisations. This provided a sound evidence base for advocacy activities.
 - Ensured that information and experiences were shared with the broader DID consortium to strengthen project and organisational learning.
 - Ensured MEL was undertaken following the principles of inclusion as per the principles of the programme and UNCRPD.
-

Achievements

- The MEL team successfully gathered data on whether and how children with disabilities experienced anticipated changes as a result of the project intervention.
- Over time, and with collaboration between partner organisations, the MEL framework enabled data collection and reporting process across all partners modified to suit the needs of diverse organisational structures.
- The learning from this project informed the design and implementation of disability-inclusive development projects in other contexts, such as Bangladesh. Some of the tools developed in this project were adapted and used in other projects.
- The project progress and learnings contributed significantly to a series of virtual global sharing and learning exchange sessions that deepened the learning about promoting inclusive education and sharing learning across all DID projects.
- The MEL team successfully created a system to store and analyse programme data that was accessible to all relevant members during project implementation.

Lessons learnt

- Including OPDs in the steering committee meetings increased their confidence in engaging in MEL issues, where they previously had limited experience.
- OPDs representatives were valuable as peer researchers during FGDs as part of the qualitative research with children, caregivers and teachers.
- Sharing MEL data across consortium partners requires stringent protocols to protect and ensure confidentiality, especially when dealing with sensitive data on children with disabilities. Diverse organisational policy restrictions can challenge the sharing of sensitive information, requiring elaborate frameworks and data protection protocols to ensure privacy and security.
- Comprehensive coordination mechanisms are essential in implementing a functional and effective MEL framework in a consortium working arrangement. Without establishing coordination mechanisms, consortium partners may struggle to align their MEL efforts effectively, especially concerning developing and maintaining structures, platforms, and processes.
- In a consortium setting, there is a strong need to capture and share on-the-job learning for adaptation and knowledge management, especially when working with multiple partners in diverse organisational settings using different implementation frameworks.

Table 11. Monitoring, evaluation and learning challenges, gaps and solutions.

Challenges and gaps	Finding solutions
Inadequate resources for addressing consortium partner’s MEL capacity gaps.	Developed a MEL plan and a budget for addressing capacity gaps, and resources for planned data collection and learning activities. Worked closely with the consortium partners while providing necessary MEL support towards enhancing capacities.
Different partners had different methods, formats and systems for collecting data, but harmonising data quality and standardisation across the consortium partners is essential for meaningful comparisons and analysis.	Developed a data quality assurance protocol, trained and supported consortium partners in rolling out the protocol. Established and operationalised MEL platforms (such as MEL sub-committee) for updates and

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Challenges and gaps	Finding solutions
	ensuring continuous feedback between consortium partners.

Recommendations

- Establish and use harmonised quality assurance protocols in research and evaluation undertaken by consortium partners.
- Facilitate initiatives to synthesise and signpost existing evidence to promote learning and exchange between consortium partners.
- Ensure meaningful participation from OPDs in the dissemination of learning products. This might include supporting OPD members to co-present results of learning products at conferences or as co-facilitators during workshops/events and highlighting where they can use research findings in their own advocacy work.
- Aggregate and share monitoring data with consortium partners, and key stakeholders in a timely manner.

Research on inclusive ECDE

A series of research activities were designed to assess the process and impact of the intervention, focussed mainly on children with disabilities developmental and educational progress. We used both quantitative and participatory qualitative research methods.

The main objectives of this research were to:

1. Measure prevalence of disability in pre-school children in selected schools in the study areas.
2. Assess changes in developmental scores of children in the two study arms (control or intervention), gender and, where possible, disability status (impairment type).
3. Assess changes in educational outcomes (such as retention, attendance and transition) of children by study arm, sex and, where possible, disability status.
4. Understand views and experiences of data collectors in using the International Development Early Learning Assessment (IDELA) tool to measure development and early learning outcomes among children with disabilities.

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5. Explore views and experiences of ECDE of children with disabilities, their families (including families of home-based learners), and teachers involved in the delivery of the intervention and their recommendations for future improvements.
6. Assess cost of improving access to ECDE for children with disabilities in Kenya, explore how expenditure is distributed across different activities, identify the main cost drivers, and appraise the affordability of scaling up this approach.

To meet objectives 1 and 2, we assessed children in intervention schools at the beginning and end of their time in pre-primary school and compared their results to children in similar schools (control schools) nearby.

We also compared information collected from class registers, progress reports and assessment books to address objective 3. To meet objective 4, we conducted FGDs with members of the assessment teams. To meet objective 5, we held two rounds of participatory focus groups with children with disabilities, their caregivers and teachers. The costing aspect (objective 6) will be implemented at the end of the project to ensure all relevant costs can be captured.

Part of the qualitative data collection involved training by IDS of nine peer researchers, people with disabilities from the study counties. With support, they conducted focus groups with children with disabilities, their caregivers, and teachers about their experiences and understandings of disability inclusive ECDE.

In order to capture any changes over time, two rounds of data collection took place about 18 months apart (2022 and 2023). The peer researchers were chosen for their skills and experience with disability, community work, and local language skills, and were identified with the support of the local OPDs.

Three peer researchers were selected from each area, with the three in Kakuma representing the three distinct communities there. The peer researchers had either physical (6) or visual impairments (2) and one was a carer of a child with disabilities. Each focus group or interview was facilitated jointly by two peer researchers and a Kenyan consultant. This was followed by reflection meetings (online and in person) to brainstorm key emergent themes and reflect on the team's experiences.

Key activities

Quantitative data collection:

- We worked with the developers of the IDELA tool to enhance the existing set of adaptations to facilitate inclusion of young children with a range of functional difficulties. Following this, we provided assessors with comprehensive guidelines and training.

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- We collected baseline data for the first cohort of children from September to October 2021, and for the second cohort from May to July 2022. We analysed these data and developed a baseline report and summary (10).
- We collected endline data for this first cohort of children between October and November 2022. Endline data was collected for cohort 2 children between September and November 2023.
- On a termly basis, for each child enrolled in the study, we collected educational information from school records. This included attendance, learning progress and outcomes, and transition to the next grade. For children with disabilities, we also collected information about the presence and content of IEPs.
- In October and November 2023, control schools were provided with training and play equipment similar to that received by intervention schools.

Qualitative data collection:

- We held FGDs with assessors in December 2022, in both counties. The discussions were transcribed and analysed, and findings developed into a report (11).
- With support from a local Kenyan consultant, peer researchers ran the first round of FGDs with children, caregivers and teachers in November 2021 and the second round in July 2023.
- After the first data collection, the peer researchers participated in an online thematic analysis process which led to the generation and refining of the key themes.
- The second round of discussions (in July 2023) reflected on changes in experiences and understandings of disability inclusive ECDE of those involved in the project since it started.
- After the second round of discussions, the peer researchers completed the thematic analysis in-person at the two sites.
- Detailed reports on the two phases are available online (12) and an open-access journal article has been published (2).

Achievements

- Data collection activities were completed according to plan, despite delays in the start of the fieldwork activities due to COVID-19 related restrictions.

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- Regular engagements with the steering committee members every quarter helped to shape activities and support interpretation.
- Nine peer researchers with disabilities were trained in qualitative research methods and successfully conducted focus groups in the different local languages.
- Focus groups were held with the young children with disabilities.
- The following reports and manuscript were published:
 - A baseline report and summary describing the key findings about prevalence of functional difficulties and children’s developmental scores at the start of PP1.
 - A journal article of the first round of FGDs was published.
 - A report on the first round of FGDs was published on the IDS website.
 - A report on the second round of FGDs was published on the IDS website.
 - A report recounting the FGDs with IDELA assessors has been completed.



An enumerator carrying out an assessment using the IDELA tool.

Lessons learnt

- Collaboration with all stakeholders such as OPDs, county education departments, schools and community members is crucial for the success of ECDE research. Regular meetings with teachers and school administration before and during data collection activities ensured they were informed of research activities while providing them with an avenue to provide feedback which strengthened both programme and research activities.
- The research confirmed that IDELA assessments can be completed with many children with functional difficulties. At baseline, assessments were completed for 91 per cent of children with functional difficulties, and during the FGDs, assessors generally expressed feeling comfortable in using disability-inclusive adaptations.
- Contextual issues impacted study activities, especially in the fragile refugee settings that face challenges with harsh weather conditions, food shortages, health, infrastructure and strong cultural beliefs and practices. Many of these issues also affected the assessors responsible for collecting the data. Constant communication with stakeholders on the ground was important in understanding reasons for low turnout of children during data collection. Understanding of the context has also been important in supporting appropriate analysis and interpretation of results. This was mitigated through extending the number of days for data collection and contacting the caregivers of children who did not attend school to check their availability.
- Timing of data collection is key to not interfere with important school activities including assessment periods, sports days, caregivers' meetings, mid-term and other school holidays, and funerals.
- Well-trained and committed field staff are crucial to successful data collection.
- The first round of focus groups with caregivers of children with disabilities, ECDE teachers and some children with disabilities established that caregivers and teachers were generally positive about children with disabilities attending mainstream ECDE classes, as were the children themselves. However:
 - Understandings about disability inclusion and what it means were rather variable. Some adults were unsure whether all children with disabilities could be included in local pre-schools.
 - There were major concerns about school resources, training, skills and numbers of teachers, accessibility, and safety (especially in relation to bullying), which meant that some caregivers expressed a preference for special education for their children.

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- For many caregivers living in poverty, the costs of sending their child to school were also a concern.
- Overall, the idea of inclusive ECDE was beginning to be understood and appreciated by both teachers and caregivers, although there was still much progress to be made in ensuring that it is of sufficient quality to get wholehearted buy-in from either group. Early analysis of the second round of FGDs suggests that both caregivers' and teachers' attitudes towards and understandings of disability inclusive ECDE have improved/increased over the course of the programme. Both groups attributed these changes to the programme activities, including trainings, support groups, resources etc. However, some of the same concerns and uncertainties were also expressed (for example, about lack of physical accessibility in schools, lack of teachers and large classes, teachers need for more training and teaching materials, caregivers need for more information and support and better access to health services).
- Save the Children's IDELA tool was used to measure children's development and early learning at baseline (prior to the intervention) and at endline (end of the project). We found that overall IDELA scores increased over time – with a median change of +20 points in control schools and +19 in intervention schools in Homa Bay, and +22 points in Kakuma for both control and intervention schools.
 - We found that children with and without functional difficulties had similar increases in their IDELA scores. This is encouraging evidence that children with functional difficulties benefit from attending ECDE in similar ways to children without functional difficulties.
 - The difference in change between control and intervention schools was not statistically significant. Therefore we found no evidence of the intervention impacting IDELA scores additionally to age-related development.
 - Our findings were similar for overall IDELA score, and for each of the four IDELA domains (socio-emotional, emergent literacy, emergent numeracy, motor score).

We however noted that there was a higher increase in intervention schools than control schools, in Kakuma, for emergent numeracy and emergent literacy, although this difference was not statistically significant.
- The possible reasons that we didn't find a significant difference between control and intervention schools might be that:
 - The intervention might have impacted broader areas of development than those captured by the IDELA.
 - The study duration might be too short to observe these changes.

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Table 12. Early childhood development and education challenges and solutions.

Challenges and gaps	Finding solutions
<p>All project activities were substantially delayed by the COVID-19 pandemic and associated school closures. The compressed terms also shortened cohort 1 children's exposure to the intervention.</p>	<p>Approaches were adapted to suit prevailing conditions.</p>
<p>Following young children through ECDE over a two-year period was challenging due to high levels of mobility in study areas. Some children used different names in class registers and at home, and where class sizes were large it was sometimes challenging to identify children.</p>	<p>The study team worked with teachers to understand the reasons that children could not be located at school at endline data collection. The team recorded the characteristics of those who were lost to follow-up and how this affected the interpretation of the results from the impact evaluation.</p>
<p>During endline data collection, disruptions to school feeding programmes at schools in Kakuma had substantial, negative effects on school attendance, meaning that data for some children could not be collected.</p>	<p>The team had to accept that some challenges could not be overcome, and this is reflected in project reporting.</p>
<p>Although most children with functional difficulties could complete the IDELA, some children with particularly complex or severe disabilities could not do so.</p>	<p>This confirmed our initial view that the IDELA tool is not appropriate for all children.</p>
<p>Language barriers posed a challenge in Kakuma, because learners spoke a wide range of home languages and dialects. It was not possible to prepare questionnaires in all possible languages, and assessors sometimes</p>	<p>The team used study tools in English, Kiswahili and Dholuo, and recruited assessors who spoke relevant languages. Where necessary, third-party translators provided additional support,</p>

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Challenges and gaps	Finding solutions
had to translate items themselves. Complexity was even greater when assessing children with socio-emotional and sensory difficulties.	although stronger training of this group is recommended.
Challenges were encountered in capturing routine educational data at schools.	The study provided assessment books to schools, along with further support and training in their use. There is need for support and engagement in terms of record keeping.
COVID-19 and budget constraints meant that the analysis of the first round of FGDs data was conducted online, so was affected by connectivity issues.	Whilst online analysis had to be used, as soon as possible we reverted to face-to-face analysis. For the analysis of the second round of data, the local consultant stayed longer in each location to complete the initial analysis in person with the peer researcher teams.
Ideally, there would have been a greater variety of impairment groups among the peer researchers with disabilities.	We had to accept that we were only able to involve those researchers that could be identified through the OPD networks.
Approximately 35% of children left the school they were attending over the course of the study.	Reasons for high levels of children leaving ECDE need to be explored and better understood. This trend will need to be accounted for in future study designs.

Recommendations

- Collaboration between school administration, teachers, county government officials and the community is essential for research on children and especially children with disabilities.
- It is important to notify school administration and teachers well in advance of proposed data collection dates in their respective schools to allow for adequate preparation.

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- Ensuring teachers and schools have opportunities to test and provide feedback on tools intended for their use, such as assessment books and other materials for record keeping, strengthens the usability of these tools and the quality of data collected.
- It is essential to ensure that control schools can be provided with training, support and other interventions found to be beneficial at completion of the study.
- We recommend further research with larger sample sizes (particularly of children with disabilities) in other counties in Kenya to understand the effective of inclusive ECDE practices in preschools. This should be preceded by detailed information-gathering exercises to understand contextual issues in such study sites.
- The use of peer researchers with disabilities is valuable as they were perceived as empathic facilitators and inspirational for children with disabilities and their caregivers. They personally benefit from learning organisational, communication, advocacy and research skills which they feel inspired to use in the future.

Conclusion

The information contained in this package reflects the learning that we have made through this project. The project provided an opportunity for us to explore issues around inclusive early childhood education in Kenya. Inevitably, many questions have been raised over the implementation period and it seems clear that there are continuing gaps in our knowledge around inclusion and early childhood education. This is a rich area for further research and we hope that this package will provide a starting point for further discussion as we collaborate to improve access to a quality education for all children including those with disabilities.

Links to project resources

Inclusive ECDE training manual: <https://inclusivefutures.org/wp-content/uploads/2024/03/31052021-ECDE-Training-Manual-DID-TO20.docx>

School inclusion assessment tool: <https://inclusivefutures.org/wp-content/uploads/2024/03/School-Inclusion-Assessment-Tool-final.docx>

Guidelines for school-based inclusion teams: <https://inclusivefutures.org/wp-content/uploads/2024/03/TO20-Guidelines-for-SBITs.pdf>

Individual education plan (IEP) template: <https://inclusivefutures.org/wp-content/uploads/2024/03/DID-TO20-IEP-for-ECDE-Final-Revised.docx>

Positive parenting manual: <https://inclusivefutures.org/wp-content/uploads/2024/03/Positive-Parenting-manual.pdf>

Appendix 1

International legislation includes:

1. Universal Declaration on Human Rights 1948 commits to ensure the right to free and compulsory elementary education for all.
2. United Nations Convention on the Rights of the Child (1989) commits state parties to recognition children have a right to an education, with a view to achieving this right progressively, based on equal opportunity, and by making primary education compulsory and available free to all.
3. World Declaration on Education for All (1990) gives a commitment to universal primary education and access to education for all.
4. Salamanca Framework for Action (1994) requires governments and the international community to endorse inclusive education as the best approach to educating children with disabilities.
5. The African Charter on the Rights and Welfare of the Child (1990) proposes provision of free and compulsory basic education, taking special measures in respect of female and gifted and disadvantaged children, to ensure equal access to education for all.
6. Jomtien World Conference on EFA (1990) and Dakar World Education Forum (2000) adopts the World Declaration on Education for All, stating that every child

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shall be able to benefit from educational opportunities designed to meet their basic learning needs, underscoring the importance of ECD programmes in improving the holistic development of children.

7. UN Convention on the Rights of Persons with Disabilities 2006.
8. The Committee on the Rights of the Child (2007).
9. Sustainable Development Goals (2015).

Kenyan legislation includes:

1. Sessional Paper No.1 of A Policy Framework on Education, Training and Research (2005) recommends the development of a comprehensive early childhood development programme, which is essential to the achievement of basic education goals.
2. Children Act of 2001. Every child shall be entitled to free basic education, which shall be compulsory in accordance with Article 28 of the United Nations Convention on the Rights of the Child.
3. The Constitution of Kenya, 2010. Every child is entitled to free and compulsory basic education and people with disabilities are entitled to access educational institutions and facilities and be integrated into society to the extent compatible with the interests of the person.
4. Persons with Disabilities Act, 2003, considers the special needs of people with disabilities with respect to the entry requirements, pass marks, curriculum, examinations, auxiliary services, use of school facilities, class schedules, physical education requirements and other similar considerations.
5. Basic Education Act, 2013, requires that every school or educational institution with learners with special educational needs³ is provided with appropriate trained teachers, non-teaching staff, infrastructure, learning materials and equipment suitable for such learners.
6. Sector policy for learners and trainees with disabilities (Ministry of Education 2018). Promotes inclusion and provides for inclusive education and training at all levels of learning for learners with disabilities.
7. Basic Education Curriculum Framework (KICD 2017). With the CBC mission of nurturing every learner's potential and a guiding principle of inclusion and

³ The term learners with "special needs" is used almost as a synonym for learners with disabilities. Children with special needs include- (a) intellectually, physically, visually, social- emotionally or hearing impaired learners; (b) pupils with multiple disabilities; and (c) specially gifted and talented pupils.

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diversity, the CBC is organised into age-based (early years education, middle school, senior school) and stage-based (foundation, intermediate, prevocational, and vocational). This paves the way for an individual child's potential to be nurtured to the best of the child's ability.

8. Early Childhood Education Act, 2021. The right to early childhood education shall be enjoyed without discrimination, exclusion, or restriction on the basis of sex, race, colour, ethnic origin tribe, birth, creed, or religion, social or economic standing, political or other opinion, property, disability, or other status.

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4. Hayes, A. M., and Bulat. J. (2017). Disabilities inclusive education systems and policies guide for low and middle-income countries. <https://files.eric.ed.gov/fulltext/ED581498.pdf>
5. Kenya Early Childhood Education Act 2021 <http://kenyalaw.org:8181/exist/rest//db/kenyalaw/Kenya/Legislation/English/Acts%20and%20Regulations/E/Early%20Childhood%20Education%20Act%20-%20No.%203%20of%202021/docs/EarlyChildhoodEducationAct3of2021.pdf>
6. Sector Policy for Learners and Trainees with Disability 2018. <https://www.education.go.ke/node/228>
7. UNICEF Ghana Country Office Annual Report 2020. <https://www.unicef.org/reports/country-regional-divisional-annual-reports-2020/Ghana>
8. Sector Policy for Learners and Trainees with Disability 2018. <https://www.education.go.ke/node/228>

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9. Baseline report 2022 <https://research.sightsavers.org/wp-content/uploads/2023/02/Sightsavers-promoting-inclusive-early-childhood-development-in-kenya-baseline-report-updated.pdf>
10. Wickenden, M., Rohwerder, B. and Njungi, J. (2022) Experiences and expectations of inclusive pre-primary education in Kenya: Reporting the results of the first round of focus group discussions in Homa Bay and Kakuma, Brighton: Institute of Development Studies. DOI: 10.19088/IDS.2022.055
11. Wickenden, M., Njungi, J. and Rohwerder, B. (2023) Children with disabilities', their parents' and teachers' changing perceptions and experiences of disability inclusive ECDE in 2 sites in Kenya, Brighton: Institute of Development Studies. DOI: 10.19088/IDS.2023.052

Other resources

African Union, The African Charter on the Rights and Welfare of the Child 1990. https://au.int/sites/default/files/treaties/36804-treaty-african_charter_on_rights_welfare_of_the_child.pdf

Children Act 2012.

http://kenyalaw.org/kl/fileadmin/pdfdownloads/Acts/ChildrenAct_No8of2001.pdf

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Early Childhood Education Act, 2021.

<http://kenyalaw.org:8181/exist/rest/db/kenyalex/Kenya/Legislation/English/Acts%20and%20Regulations/E/Early%20Childhood%20Education%20Act%20-%20No.%203%20of%202021/docs/EarlyChildhoodEducationAct3of2021.pdf>

The IDELA tool

Kenya Institute of Curriculum Development. (2017). Basic Education Curriculum Framework. <https://kicd.ac.ke/downloads/basic-education-curriculum-framework/>

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The Constitution of Kenya, 2010 The Constitution of Kenya 2010.

<http://www.kenyalaw.org:8181/exist/kenyalex/actview.xql?actid=Const2010>

UNESCO Salamanca Framework for Action (1994) https://www.right-to-education.org/sites/right-to-education.org/files/resource-attachments/Salamanca_Statement_1994.pdf

Sessional Paper No. 1 of 2005, A Policy Framework on Education, Training and Research. <https://www.knqa.go.ke/wp-content/uploads/2018/10/sessional-paper-sept.-2005-final.pdf>

Sustainable Development Goals (2015) 4. <https://sdgs.un.org/2030agenda>

UNESCO Jomtien World Conference on EFA (1990) World declaration on education for all and framework for action to meet basic learning needs. http://www.right-to-education.org/sites/right-to-education.org/files/resource-attachments/UNESCO_World_Declaration_For_All_1990_En.pdf

Universal Declaration on Human Rights 1948. <https://www.un.org/en/about-us/universal-declaration-of-human-rights>

United Nations Committee on the Rights of the Child (2007) 44th session, Geneva.

The Committee on the Rights of the Child (2007).

United Nations Convention on the Rights of Persons with Disabilities and Optional Protocol 2006.

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United Nations Convention on the Rights of the Child (1989).

<https://www.unicef.org.uk/what-we-do/un-convention-child-rights/>

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UN Convention on the Rights of Persons with Disabilities 2006.

<https://social.desa.un.org/issues/disability/crpd/convention-on-the-rights-of-persons-with-disabilities-crpd>

UNCRPD Article 24.

<https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-24-education.html>

UNICEF/Washington Group Child Functioning Module.

<https://www.washingtongroup-disability.com/question-sets/wg-unicef-child-functioning-module-cfm/>

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